

99TH GENERAL ASSEMBLY State of Illinois 2015 and 2016 HB2562

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

215 ILCS 5/364.01 305 ILCS 5/5-5.27 new

Amends the Illinois Insurance Code. Amends provisions that prohibit individual or group policies of accident and health insurance from canceling or non-renewing policies for any individual based on that individual's participation in a qualified cancer trial to include other qualified clinical trials. Provides that the cancer or other qualified clinical trial may be at Phase I of investigation. Requires research trials to be authorized by an institutional review board of an institution approved by the Office of Human Research Protections of the federal Department of Health and Human Services. Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that no person shall be denied medical assistance based upon that individual's participation in a cancer or other qualified clinical trial if such trial meets the conditions for clinical trials established in the Illinois Insurance Code. Effective January 1, 2016.

LRB099 07591 MLM 27721 b

1 AN ACT concerning healthcare.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Illinois Insurance Code is amended by changing Section 364.01 as follows:
- 6 (215 ILCS 5/364.01)
- 7 Sec. 364.01. Qualified clinical cancer trials.
- 8 (a) No individual or group policy of accident and health
 9 insurance issued or renewed in this State may be cancelled or
 10 non-renewed for any individual based on that individual's
 11 participation in a <u>cancer or other</u> qualified clinical cancer
- 12 trial.

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- 13 (b) <u>Cancer or other qualified</u> Qualified clinical cancer 14 trials must meet the following criteria:
- 15 (1) the effectiveness of the treatment has not been 16 determined relative to established therapies;
 - (2) the trial is under clinical investigation as part of an approved cancer research or other disease research trial in Phase II, Phase III, or Phase IV of investigation;
- 21 (3) the trial <u>is authorized by an institutional review</u>
 22 <u>board of an institution that is approved by the Office of</u>
 23 Human Research Protections of the federal Department of

Health and Human Services and is:

- 2 (A) approved by the Food and Drug Administration; 3 or
 - (B) approved and funded by the National Institutes of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the United States Department of Defense, the United States Department of Veterans Affairs, or the United States Department of Energy in the form of an investigational new drug application, or a cooperative group or center of any entity described in this subdivision (B); and
 - (4) the patient's primary care physician, if any, is involved in the coordination of care.
 - (c) No group policy of accident and health insurance shall exclude coverage for any routine patient care administered to an insured who is a qualified individual participating in a qualified clinical cancer trial, if the policy covers that same routine patient care of insureds not enrolled in a <u>cancer or other</u> qualified clinical cancer trial.
 - (d) The coverage that may not be excluded under subsection (c) of this Section is subject to all terms, conditions, restrictions, exclusions, and limitations that apply to the same routine patient care received by an insured not enrolled in a <u>cancer or other</u> qualified clinical cancer trial, including the application of any authorization requirement, utilization

- review, or medical management practices. The insured or enrollee shall incur no greater out-of-pocket liability than had the insured or enrollee not enrolled in a <u>cancer or other</u> qualified clinical cancer trial.
 - (e) If the group policy of accident and health insurance uses a preferred provider program and a preferred provider provides routine patient care in connection with a <u>cancer or other</u> qualified clinical cancer trial, then the insurer may require the insured to use the preferred provider if the preferred provider agrees to provide to the insured that routine patient care.
 - (f) A <u>cancer or other</u> qualified clinical cancer trial may not pay or refuse to pay for routine patient care of an individual participating in the trial, based in whole or in part on the person's having or not having coverage for routine patient care under a group policy of accident and health insurance.
 - (g) Nothing in this Section shall be construed to limit an insurer's coverage with respect to clinical trials.
 - (h) Nothing in this Section shall require coverage for out-of-network services where the underlying health benefit plan does not provide coverage for out-of-network services.
 - (i) As used in this Section, "routine patient care" means all health care services provided in the <u>cancer or other</u> qualified clinical cancer trial that are otherwise generally covered under the policy if those items or services were not

- provided in connection with a <u>cancer or other</u> qualified clinical cancer trial consistent with the standard of care for the treatment of <u>that illness eaneer</u>, including the type and frequency of any diagnostic modality, that a provider typically provides to a cancer patient who is not enrolled in a <u>cancer or other</u> qualified clinical cancer trial. "Routine patient care" does not include, and a group policy of accident and health insurance may exclude, coverage for:
 - (1) a health care service, item, or drug that is the subject of the cancer or other qualified clinical trial;
 - (2) a health care service, item, or drug provided solely to satisfy data collection and analysis needs for the <u>cancer or other</u> qualified clinical cancer trial that is not used in the direct clinical management of the patient;
 - (3) an investigational drug or device that has not been approved for market by the United States Food and Drug Administration;
 - (4) transportation, lodging, food, or other expenses for the patient or a family member or companion of the patient that are associated with the travel to or from a facility providing the <u>cancer or other</u> qualified clinical cancer trial, unless the policy covers these expenses for a cancer patient who is not enrolled in a <u>cancer or other</u> qualified clinical cancer trial;
 - (5) a health care service, item, or drug customarily provided by the <u>cancer or other</u> qualified clinical cancer

trial sponsors free of charge for any patient;

- (6) a health care service or item, which except for the fact that it is being provided in a <u>cancer or other</u> qualified clinical cancer trial, is otherwise specifically excluded from coverage under the insured's policy, including:
 - (A) costs of extra treatments, services, procedures, tests, or drugs that would not be performed or administered except for the fact that the insured is participating in the <u>cancer or other qualified</u> cancer clinical trial; and
 - (B) costs of nonhealth care services that the patient is required to receive as a result of participation in the approved <u>cancer or other</u> qualified <u>cancer</u> clinical trial;
- (7) costs for services, items, or drugs that are eligible for reimbursement from a source other than a patient's contract or policy providing for third-party payment or prepayment of health or medical expenses, including the sponsor of the approved <u>cancer or other qualified eancer</u> clinical trial;
- (8) costs associated with approved <u>cancer or other</u> <u>qualified eancer</u> clinical trials designed exclusively to test toxicity or disease pathophysiology, unless the policy covers these expenses for a <u>cancer</u> patient who is not enrolled in a <u>cancer or other</u> qualified clinical cancer

- 1 trial; or
- 2 (9) a health care service or item that is eligible for
- 3 reimbursement by a source other than the insured's policy,
- 4 including the sponsor of the cancer or other qualified
- 5 clinical cancer trial.
- 6 The definitions of the terms "health care services",
- 7 "Non-Preferred Provider", "Preferred Provider", and "Preferred
- 8 Provider Program", stated in 50 IL Adm. Code Part 2051
- 9 Preferred Provider Programs apply to these terms in this
- 10 Section.
- 11 (j) The external review procedures established under the
- 12 Health Carrier External Review Act shall apply to the
- 13 provisions under this Section.
- 14 (Source: P.A. 97-91, eff. 1-1-12; 97-813, eff. 7-13-12.)
- 15 Section 10. The Illinois Public Aid Code is amended by
- adding Section 5-5.27 as follows:
- 17 (305 ILCS 5/5-5.27 new)
- 18 Sec. 5-5.27. Clinical trials. No person shall be denied
- 19 medical assistance under this Article based upon that
- 20 individual's participation in a cancer or other qualified
- 21 clinical trial if such trial meets the conditions for clinical
- trials specified in Section 364.01 of the Illinois Insurance
- 23 Code.
- Section 99. Effective date. This Act takes effect January

1 1, 2016.